

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

**10/523651**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/						53						
4	/						54						
5	/						55						
6	/	/					56						
7	/						57						
8	/	/					58						
9	/						59						
10	/	/					60						
11	/						61						
12		/					62						
13		/					63						
14		②					64						
15	/						65						
16		/					66						
17		/					67						
18		②					68						
19		②					69						
20							70						
21							71						
22							72						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	8	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	19						TOTAL CLAIMS						